

No. 8176No. 1-76**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to John P. Ross -Name of Deceased Richard J. MarinoAge 33 years 1 months 5 daysPlace of death In open m.p.c. land South of Rte 9 + between Cordaville & MarlboroHill RdDate of death Feb 26- 1976Cause of death Suicide
Oscophytia by hangingInterment at Evergreen Cemetery MarlboroDate permit issued February 29, 1976Certified by Timothy P. Stoen M. D.**BURIAL (OR REMOVAL) PERMIT**

This coupon to be returned immediately, properly endorsed

to Agvt. Board of Health
(Office issuing permit)City or Town of Spartborough Mass.Name of deceased Richard J. Marino

If a U. S. War Veteran, specify what war, organization, etc.

No**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Evergreen sec D, row A, 27
(Name of cemetery or crematory) (City or town)on March 2, 1976Certified by Vernon Vaillancourt, Lupte
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 276**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Frank J. SwartmanName of Deceased Hester Lawrence DayAge 81 years 10 months 27 daysPlace of death 9 Parkerwick Rd Southboro

Arterosclerotic Heart Disease - 2 yrs

Date of death March 1 - 1976Cause of death Cerebral ThrombosisInterment at Rural Cemetery-SaunderDate permit issued March 2, 1976Certified by Timothy P. Stone M. D.No. 276**BURIAL (OR REMOVAL) PERMIT**

This coupon to be returned immediately, properly endorsed

to Agent Board of Health
(Office issuing permit)or Town of Southborough Mass.Name of deceased Hester Lawrence Day

U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

hereby certify that the body accompanying this permit was
used of in accordance with its termsRural Cemetery Southboro
(Name of cemetery or crematory) (City or town)

March 3 - 1976 3:37 PM

Certified by Timothy P. Stone
(Signature of Superintendent, cemetery or crematory)

There is no officer in charge, undertaker should sign and return this stub.

No. 3/76

09

No.

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Dorothy C MorrisName of Deceased Howard Lincoln PaysonAge 68 years 8 months 3 daysPlace of death 15 Bevelow Rd - SouthboroughDate of death May 18, 1976Cause of death Carcinoma, left lungSquamous cellsInterment at Rural Cemetery - Worcester
MassDate permit issued May 19, 1976Certified by Timothy P. Stone M. D.**BURIAL (OR REMOVAL) PERMIT**

This coupon to be returned immediately, properly endorsed

to Agent - Board of Health
(Office issuing permit)City or Town of Southborough Mass.Name of deceased Howard Lincoln Payson

U. S. War Veteran, specify what war, organization, etc.

None

ENDORSEMENT

(To be filled in by cemetery or crematory official)

hereby certify that the body accompanying this permit was
used of in accordance with its termsRURAL CEMETERY CREMATORY, WORCESTER, MASS.

(Name of cemetery or crematory)

(City or town)

MAY 21 1976Identified by Arthur T. Scanlon Jr.
(Signature of Superintendent, cemetery or crematory)

There is no officer in charge, undertaker should sign and return this stub.

No. 476**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Richard P. CaldwellName of Deceased Melvin James Baker - LittleAge 65 — years months daysPlace of death 110 Marlboro Rd, SouthboroDate of death June 8, 1976Cause of death Dehydration, Carcinoma of
Diarrhea, Cancer of ProstateInterment at Evergreen Cemetery, MarlboroDate permit issued June 11, 1976Certified by John D. Nicholson M. D.No. 476**BURIAL (OR REMOVAL) PERMIT**

This coupon to be returned immediately, properly endorsed

to Agent - Board of Health
(Office issuing permit)City or Town of Southborough, Mass.Name of deceased Melvin James Baker Littlea U. S. War Veteran, specify what war, organization, etc.
.....**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
disposed of in accordance with its termsEvergreen sec C, lot 192
(Name of cemetery or crematory) (City or town)

June 11, 1976

Certified by Henry F. Vaillancourt Sept.
(Signature of Superintendent, cemetery or crematory)

there is no officer in charge, undertaker should sign and return this stub.

No. 5/76

No.

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Ronald C MorrisName of Deceased William R CameronAge 62 years 4 months 11 daysPlace of death 185 Middle Rd, SouthboroDate of death July 23, 1976Cause of death Chronic Obstructive Pulm.
RisincInterment at Smallwood Mem Park,
Canton, MassDate permit issued July 26, 1976Certified by Timothy P. Stone M. D.**BURIAL (OR REMOVAL) PERMIT**

This coupon to be returned immediately, properly endorsed

to Agent - Board of Health
(Office issuing permit)or Town of Southborough, Mass.of deceased William R. Cameron

U. S. War Veteran, specify what war, organization, etc.

None**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

hereby certify that the body accompanying this permit was
sed of in accordance with its termsSharon Memorial Park, Sharon
(Name of cemetery or crematory)
(City or town)7/27/76
(Signature of Superintendent, cemetery or crematory)fied by U. Brown, Admin.
(Signature of Superintendent, cemetery or crematory)

re is no officer in charge, undertaker should sign and return this stub.

No. 6/76

309

No.

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Frank S. WatermanName of Deceased Carl Frederick WyckstromAge 78 years 7 months 22 daysPlace of death 81 Southville Rd., SouthboroDate of death October 23, 1976Cause of death Carcinoma of Prostate, MetastaticInterment at Rural Cemetery - SouthboroDate permit issued October 25, 1976Certified by Timothy P. Stone M. D.**BURIAL (OR REMOVAL) PERMIT**

This coupon to be returned immediately, properly endorsed

to Agent - Board of Health
(Office issuing permit)City or Town of Southborough Mass.Name of deceased Carl Frederick Wyckstroma U. S. War Veteran, specify what war, organization, etc.
_____**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
disposed of in accordance with its terms

Rural Cemetery

(Name of cemetery or crematory)

Southboro

(City or town)

October 26-1976 - 11⁰ AMCertified by Timothy P. Stone
(Signature of Superintendent, cemetery or crematory)

there is no officer in charge, undertaker should sign and return this stub.

No. 2-11

309

No. 3-17**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Robert P. NortonName of Deceased John Mackie MilneAge 63 years 2 months 28 daysPlace of death 23 Walnut Drive SouthDate of death March 20, 1977Cause of death Metastatic, malignant, Melanoma
of the liver. Malignant Melanoma
of right eye.Interment at Rural Cemetery, SouthboroDate permit issued March 22, 1977Certified by Thurston L. Powell M. D.**BURIAL (OR REMOVAL) PERMIT**

This coupon to be returned immediately, properly endorsed

to Agent - Board of Health
(Office issuing permit)City or Town of Southborough Mass.Name of deceased John Mackie Milner

a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
disposed of in accordance with its termsRural Cemetery Southboro
(Name of cemetery or crematory) (City or town)March 23, 1977 - 2:00 P.M.Certified by LaBelle, S.P.T.
(Signature of Superintendent, cemetery or crematory)

there is no officer in charge, undertaker should sign and return this stub.

No. 5-17

No.

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Donald Morris

Name of Deceased Richard Grey

Age 49 years 3 months 29 days

Place of death 31 Main St, Southboro

Date of death April 20, 1977

Cause of death Carcinomatosis
cancer, sigmoid

Interment at Rural Cemetery

Date permit issued April 21 1977

Certified by Charles N Peabody M.D.

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to Agent Board of Health
(Office issuing permit)

or Town of Southborough Mass.

Name of deceased Richard Grey

U. S. War Veteran, specify what war, organization, etc.

W.W.II U.S. Navy

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
handled in accordance with its termsRural Cemetery Southboro
(Name of cemetery or crematory) (City or town)April 23 - 1977 11th AMSigned by Leo Autenzo, Supt.
(Signature of Superintendent, cemetery or crematory)

There is no officer in charge, undertaker should sign and return this stub.

No. 6-77

No.

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Donald C Morris Jr.

Name of Deceased James Harned Mossey

Age 58 years 11 months 5 days

Place of death 26 Lynbrook Rd -

Date of death 5/4/77

Cause of death Sudden death presumably Coronary Sclerosis

Interment at Rural Cemetery - Southboro

Date permit issued 5/5/77

Certified by Jonathan P. Stone M. D.

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to Board of Health
(Office issuing permit)

or Town of Southboro Mass.

e of deceased James H. Mossey

U. S. War Veteran, specify what war, organization, etc.

None

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
sed of in accordance with its termsRural Cemetery Southboro
(Name of cemetery or crematory) (City or town)

May 7-1977 - 10:55 AM

fied by Lee Bentz Supt.
(Signature of Superintendent, cemetery or crematory)

re is no officer in charge, undertaker should sign and return this stub.

No. 7-77No. 7-77**BURIAL (OR REMOVAL) PERMIT****BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Donald MorrisName of Deceased Berjouie C. TopalianAge 75 years 4 months 22 daysPlace of death 126 Woodland Rd SouthboroDate of death 6-11-77Cause of death Asphyxia by drowningInterment at Rural Crematory, WorcesterDate permit issued June 13, 1977Certified by Timothy P. Stone M. D.

This coupon to be returned immediately, properly endorsed

to Agent - Board of Health
(Office issuing permit)or Town of Southborough, Mass.Name of deceased Berjouie C. Topalian

U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

hereby certify that the body accompanying this permit was
handled in accordance with its termsRURAL CEMETERY CREMATORY, WORCESTER, MASS.

(Name of cemetery or crematory)

JUN 13 1977

(City or town)

Identified by Arthur T. Scardino Jr.
(Signature of Superintendent, cemetery or crematory)

There is no officer in charge, undertaker should sign and return this stub.

No. 8-11

109

No. 8-11**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Donald C MorrisName of Deceased William James SullivanAge 25 years 6 months 16 daysPlace of death On embankment off Cordaville RdDate of death July 6, 1977Cause of death Sudden death - skull fractureInterment at Rural CemeteryDate permit issued July 7, 1977Certified by Timothy P. Stone M. D.**BURIAL (OR REMOVAL) PERMIT**

This coupon to be returned immediately, properly endorsed

to Agent - Board of Health
(Office issuing permit)City or Town of Dorchester Mass.Name of deceased William James Sullivan
A U. S. War Veteran, specify what war, organization, etc.
.....**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

hereby certify that the body accompanying this permit was
posessed of in accordance with its termsRural Cemetery Southboro
(Name of cemetery or crematory) (City or town)

July 8-1977 - 9:50 AM

Signed by T. P. Butney
(Signature of Superintendent, cemetery or crematory)

There is no officer in charge, undertaker should sign and return this stub.

No. 9-77No. 9-77**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to John P. RoweName of Deceased William J. Campbell Jr.Age 40 years 11 months 19 daysPlace of death 33 Strawberry Hill Rd
Southborough 8-16-77Date of death Asphyxiation by hanging
Depressed patient found hanging
in tree behind his house

Cause of death

Interment at Rural Cemetery SouthboroDate permit issued 8/17/77Certified by Robert Rittenhouse M. D.**BURIAL (OR REMOVAL) PERMIT**

This coupon to be returned immediately, properly endorsed

to Agent = Board of Health
(Office issuing permit)or Town of Southborough Mass.of deceased William J. Campbell Jr.
J. S. War Veteran, specify what war, organization, etc.**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
seized in accordance with its termsRural Cemetery Southboro
(Name of cemetery or crematory) (City or town)August 19-1977 - 11:15 AMSigned by For Bartone
(Signature of Superintendent, cemetery or crematory)

There is no officer in charge, undertaker should sign and return this stub.

No. 40-71

No.

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to William E. Wallace

Name of Deceased Ernest Alfred Duv

Age 91 years 0 months 24

Place of death 130 Deerfoot Rd - Sou

Date of death November 17, 1977

Cause of death Cerebral Hemorrhage

Interment at Hope Cemetery - Worcester

Date permit issued Nov 17, 1977

Certified by Timothy P. Stone

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Rhonda Ann Peters

If a U. S. War Veteran, specify what war, organization, etc.

None

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

RURAL CEMETERY CREMATORY, WORCESTER, MASS.

at _____
(Name of cemetery or crematory) _____
(City or town) _____

on OCT 12, 1977

Certified by Arthur T. Scanlon Jr.
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 10-77

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Donald C Morris

Name of Deceased Roger R. Scannell

Age 42 years 4 months 16 days

Place of death Anfield about 1/8 miles behind 34 Naul Rd

Date of death November 26, 1977

Cause of death Suicide Carbon Monoxide

Asphyxia in car
Interment at Evergreen St - Marathon

Date permit issued 11/28/77

Certified by Timothy P. Stone M. D.

No. 10-77

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to Agent Board of Health
(Office issuing permit)

or Town of Southborough Mass.

Name of deceased Roger R. Scannell

U. S. War Veteran, specify what war, organization, etc.

Rean U.S. Marine Corps.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

hereby certify that the body accompanying this permit was used in accordance with its terms

Evergreen Cem. sec D, row I, 15

(Name of cemetery or crematory)

(City or town)

Nov. 29, 1977

Identified by George J. Vaillancourt
(Signature of Superintendent, cemetery or crematory)

There is no officer in charge, undertaker should sign and return this stub.

No. 12-71

No. 12-7

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Dorothy MorrisName of Deceased Alfred O. LaFreniere Sr.Age 62 years 10 months 5 daysPlace of death 193 Woodland RoadDate of death November 30, 1977Cause of death Carcinomatosis,
Adenocarcinoma Bladder, UreterInterment at Rural CemeteryDate permit issued December 3, 1977Certified by Charles Newton Peabody M. D.**BURIAL (OR REMOVAL) PERMIT**

This coupon to be returned immediately, properly endorsed

to Board of Health Agent
(Office issuing permit)Town of Southborough, Mass.of deceased Alfred O. LaFreniere Sr.

S. War Veteran, specify what war, organization, etc.

T/5 Co. I 21st Engineer**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

Reby certify that the body accompanying this permit was
ed of in accordance with its termsRural Cemetery Southboro
(Name of cemetery or crematory) (City or town)December 3, 1977 11:25 AMed by Tom Butterage Supt.
(Signature of Superintendent, cemetery or crematory)

e is no officer in charge, undertaker should sign and return this stub.

No. 13-77

No. 13-77

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Robert P. Norton

Name of Deceased Neil John Cameron

Age 67 years 9 months 3 days

Place of death 23 Waldron Drive Somerville

Date of death December 18, 1977

Cause of death Sudden death, presumably
Coronary sclerosisInterment at Princeville Cemetery, Princeville,
N.S. Canada

Date permit issued December 18, 1977

Certified by M. D.

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to Board of Health - Agent
(Office issuing permit)

or Town of Somerville Mass.

Name of deceased NEIL JOHN CAMERON

U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
sewed in accordance with its termsPrinceville Cemetery, Princeville, N.S.
(Name of cemetery or crematory) (City or town)

December 21, 1977

Issued by DENNIS HAVERSTOCK FUNERAL HOMES LTD.
(Signature of Superintendent, cemetery or crematory)

See Card Haverstock

There is no officer in charge, undertaker should sign and return this stub.

No. 14-77

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to William E. Wallace Jr.

Name of Deceased Nell (Willis) Dugard

Age 86 years 2 months 23 days

Place of death 130 Deerfield Street

Date of death December 25, 1977

Cause of death Interstitial pneumonitis

Interment at Hope Cemetery Worcester

Date permit issued Dec 27, 1977

Certified by Marilyn Worcester M. D.

No. 55-293

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to Board of Health
(Office issuing permit)

or Town of Southboro Mass.

of deceased NELLIE (Willis) DUGARD

J. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
sewed in accordance with its terms

Hope Cemetery

(Name of cemetery or crematory)

(City or town)

December 27, 1977

Filed by James P. DeCicco
Signature of Superintendent, cemetery or crematory

There is no officer in charge, undertaker should sign and return this

No. 1 - 78No. 11-78**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Donald C. MorrisName of Deceased Hairrene Richards JohnsonAge 65 years 3 months 11 daysPlace of death 172 Middle Rd SouthboroDate of death 8/29/78Cause of death Heart disease, coronary
sclerosis, (Found dead in bed) SouthboroInterment at Rural CemeteryDate permit issued August 31, 1978Certified by Robert K. Addenhouse M. D.**BURIAL (OR REMOVAL) PERMIT**

This coupon to be returned immediately, properly endorsed

to Agent - Board of Health
(Office issuing permit)Town of Southborough Mass.of deceased FLORENCE JOHNSON

S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

reby certify that the body accompanying this permit was
ed in accordance with its termsRural cemetery Southboro
(Name of cemetery or crematory) Southboro
(City or town)September 1, 1978 10:00 AMed by See Deaths, Superint.
(Signature of Superintendent, cemetery or crematory)

e is no officer in charge, undertaker should sign and return this stub.

No. 2-78No. 12-78**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Donald C. MorrisName of Deceased Gunnar FyrbergAge 65 years 9 months 24 daysPlace of death 242 Parkmoorfield Southam
Turnpike RdDate of death October 1, 1978Cause of death Odeontitis, lung, rightInterment at Rural CemeteryDate permit issued October 2, 1978Certified by Donald P. Stone M. D.**BURIAL (OR REMOVAL) PERMIT**

This coupon to be returned immediately, properly endorsed

to Council Board of Health
(Office issuing permit)or Town of Southborough Mass.e of deceased Gunnar W. Fyrberg

U. S. War Veteran, specify what war, organization, etc.

None

ENDORSEMENT

(To be filled in by cemetery or crematory official)

ereby certify that the body accompanying this permit was
sed of in accordance with its terms

(Name of cemetery or crematory)

(City or town)

ted by
(Signature of Superintendent, cemetery or crematory)

e is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to John P. RoweName of Deceased Annie Laura (Sharp) NealeAge 76 years 2 months 22 daysPlace of death Hyannis MassDate of death August 2, 1978Cause of death Just buried in casketInterment at Gornelwood, Dudley, EnglandDate permit issued December 2, 1978

Certified by M. D.

The Commonwealth of Massachusetts

FOR USE BY
PHYSICIANS AND
MEDICAL EXAMINERS

INSTRUCTIONS HERE

() AND ON
REVERSE SIDE

ITEM #'s 1 to 19 to be completed ONLY by funeral director.

ITEM #'s 20 to 27 to be completed by certifier.

CERTIFIER to complete ITEM #'s 1R to 4R on REVERSE side.

ALL ITEMS MUST BE LEGIBLY PRINTED OR TYPEWRITTEN IN BLACK INK.

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF PUBLIC HEALTH
REGISTRY OF VITAL RECORDS AND STATISTICS

REGISTERED NUMBER

STATE USE ONLY

03186

DECEDENT - NAME	FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (Mo., Day, Yr.)
Clarence E. Mackey				<u>Male</u>	<u>May 5, 1980</u>
PLACE OF DEATH (CITY OR TOWN)		COUNTY OF DEATH		HOSPITAL OR OTHER INSTITUTION - Name (If not in either, give street and number)	
<u>Boston</u>		<u>Suffolk</u>		<u>4c West Roxbury V. A. Hospital</u>	
RACE - (e.g., White, Black, American Indian, etc.) (Specify)	AGE - Last Birthday (Yrs.)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (Mo., Day, Yr.)	STATE OF BIRTH (If not in U.S.A., name country)
<u>White</u>	<u>51</u>	<u>MOS</u>	<u>DAYS</u>	<u>7 June 20, 1928</u>	<u>8 New York</u>
6a	6b	6c			
MARRIED, NEVER MARRIED, WIDOWED OR DIVORCED		SURVIVING SPOUSE (If wife, give maiden name)		USUAL OCCUPATION (Prior - If Retired)	
<u>Married</u>		<u>Ellen (nee Gulugauskas)</u>		<u>11a Foreman</u>	
SOCIAL SECURITY NUMBER		IF U.S. WAR VETERAN, SPECIFY WAR		KIND OF BUSINESS OR INDUSTRY	
<u>12 723 124385</u>		<u>13 WW2</u>		<u>11b Trading Stamp Co</u>	
FATHER - FULL NAME		STATE OF BIRTH (If not in U.S.A., name country)		MOTHER - NAME (GIVEN)	MAIDEN
<u>Clarence E. Mackey</u>		<u>15b N. Y.</u>		<u>16a Grace Trudeau</u>	
INFORMANT - NAME AND ADDRESS		RESIDENCE - STREET AND NUMBER, CITY OR TOWN, COUNTY, STATE, ZIP CODE		STATE OF BIRTH (If not in U.S.A., name country)	
<u>17a Ellen Mackey 95 Cedar St. Framingham, Ma.</u>		<u>14 95 Cedar St. Framingham, Ma. 01701</u>		<u>16b N. Y.</u>	
TYPE OF DISPOSITION (Specify Burial, Cremation, Other)		DATE OF DISPOSITION		LOCATION	CITY OR TOWN STATE
<u>18a Burial</u>		<u>19a May 8/1980</u>		<u>18d Southboro, Ma.</u>	
FUNERAL SERVICE LICENSEE Or Person Acting As Such		NAME OF FACILITY		ADDRESS OF FACILITY	
<u>John Everett & Sons</u>		<u>19c 4 Park St. Natick, Ma</u>		Interval between onset and death	
20a IMMEDIATE CAUSE (PRINT ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). (PRINT OR TYPE LEGIBLY))				2 years	
<u>21a (a) Amyotrophic Lateral Sclerosis</u>				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
(b)				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
(c)				Interval between onset and death	
PART OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in Part I(a)				AUTOPSY (Yes or No)	WAS CASE REFERRED TO MED EXAM (Yes or No)
<u>22a II</u>				<u>21 No</u>	<u>22 No</u>
ACC, SUICIDE, HOM, UNDEF OR PENDING INVEST (Specify)		DATE OF INJURY (Mo., Day, Yr.)		DESCRIBE HOW INJURY OCCURRED	
23 <u>No</u>		24a	24b	24c	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		LOCATION	CITY OR TOWN STATE
24d <u>No</u>		24e		24f	
25a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature and Title) <u>James Kirshenbaum M.D.</u> DATE SIGNED (Mo., Day, Yr.) <u>May 5, 1980</u>		HOUR OF DEATH		26a On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated (Signature and Title) <u>James Kirshenbaum M.D.</u> DATE SIGNED (Mo., Day, Yr.) <u>May 5, 1980</u>	
25b <u>May 5, 1980</u>		<u>25c 4:10 AM</u>		HOUR OF DEATH	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				26b	26c
25d				PRONOUNCED DEAD (Mo., Day, Yr.)	PRONOUNCED DEAD (Hour)
NAME AND ADDRESS OF CERTIFYING PHYSICIAN OR MEDICAL EXAMINER (Type or Print)				26d ON	26e AT
<u>27 James Kirshenbaum M.D., VA Medical Center, West Roxbury, Mass. 02132</u>					
I HEREBY CERTIFY that a satisfactory standard certificate of death was issued with me BEFORE the burial or transit permit was issued		28 RECEIVED AND FILED IN THE CITY OR TOWN OF (CLERK'S SIGNATURE) <u>William J. Keane</u>		POST CARD MAY 8 1980	
7.1. Grace H.A. M23321		5-6-80 (DATE ISSUED)			
SIGNATURE / TITLE					

No. 5-78

R309

No. 5-78**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Peter WadsworthName of Deceased Laura (Berry) OffuttAge 88 years 9 months 13 daysPlace of death 77 Deerfoot Road AndoverDate of death December 5, 1978Cause of death Cerebral Thrombosis & Impairment
Arteriosclerosis - MIInterment at Newton Cemetery, NewtonDate permit issued December 7, 1978Certified by James P. Stone M. D.**BURIAL (OR REMOVAL) PERMIT**

This coupon to be returned immediately, properly endorsed

to Agent - Board of Health
(Office issuing permit)City or Town of Newton Mass.Name of deceased Laura (Berry) Offutt
a U. S. War Veteran, specify what war, organization, etc.~~REMAINED~~**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
disposed of in accordance with its terms**NEWTON CEMETERY & CREMATORY**

(Name of cemetery or crematory) (City or town)

December 8, 1978Certified by George D. Miller
(Signature of Superintendent or manager of cemetery)

there is no officer in charge, undertaker should sign and return this stub.

No. 2-79No. 79-8**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Douglas S. MorrisName of Deceased George Franklin BoutilierAge 108 years 10 months 2 daysPlace of death 198 Southgate Rd.Date of death February 19, 1979Gently & home presumablyCause of death Coronary sclerosisInterment at Rural Crematory, WorcesterDate permit issued February 21, 1979Certified by Donald P. Stone M. D.**BURIAL (OR REMOVAL) PERMIT**

This coupon to be returned immediately, properly endorsed

to Agent - Board of Health
(Office issuing permit)City or Town of Southborough Mass.Name of deceased George F. Boutilier

Is a U. S. War Veteran, specify what war, organization, etc.

None

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

RURAL CEMETERY CREMATORY, WORCESTER, MASS.

(Name of cemetery or crematory)

(City or town)

FEB 21 1979Certified by Gilbert T. Sanderson Jr.
(Signature of Superintendent, cemetery or crematory)

there is no officer in charge, undertaker should sign and return this stub.

No. 19-3

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to W. Craig Dolan
Ms.

Name of Deceased Mary T. McCall

Age 78 years months days

Place of death 2 Hill Top Rd - Southboro

Date of death March 11, 1979

Cause of death Chronic Obst Lung Disease

Interment at Milton Cemetery, Milton, Mass

Date permit issued March 12, 1979

Certified by E. Abramson M. D.

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to Agent - Board of Health
(Office issuing permit)

City or Town of Southborough Mass.

Name of deceased Mary T. McCall

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Milton Cemetery, Milton, MA.
(Name of cemetery or crematory) (City or town)

on 3/14/79

Certified by John F. Conrin, Super. (P.E.C.)
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 79-4No. 79-4**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Donald C MorrisName of Deceased Elaine Mary Harris PosturingAge 51 years 7 months 12 daysPlace of death 56 Hogg Rd SouthboroughDate of death March 24, 1979Cause of death Adenocarcinoma of OvaryInterment at Rural CemeteryDate permit issued March 27, 1979Certified by Katherine P. Stone M. D.**BURIAL (OR REMOVAL) PERMIT**

This coupon to be returned immediately, properly endorsed

to Agent - Board of Health
(Office issuing permit)or Town of Southborough Mass.e of deceased Elaine Lantewicz (nee Harris)

U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

hereby certify that the body accompanying this permit was
used in accordance with its termsRural Cemetery Southboro
(Name of cemetery or crematory) (City or town)March 27, 1979 - 11:00 AMSigned by Katherine P. Stone
(Signature of Superintendent, cemetery or crematory)

There is no officer in charge, undertaker should sign and return this stub.

No. 79-5No. 79-5**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Richard G. CaldwellName of Deceased Gordon A. CowernAge 71 years 5 months 9 daysPlace of death Southboro Mass.Date of death August 6, 1979Cause of death Asphyxiation by
Suicide DrowningInterment at Maplewood Cemetery Mass.Date permit issued August 7, 1979Certified by Dr. Raymond H. Conner M.D.**BURIAL (OR REMOVAL) PERMIT**

This coupon to be returned immediately, properly endorsed

to Agent - Board of Health
(Office issuing permit)or Town of Southborough Mass.Name of deceased Gordon A. Cowern

U. S. War Veteran, specify what war, organization, etc.

WWII Sea Bees U.S. Navy**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

hereby certify that the body accompanying this permit was
handled in accordance with its termsMaplewood Cem lot 82
(Name of cemetery or crematory) (City or town)August 9, 1979Signed by Henry J. Villanoy
(Signature of Superintendent, cemetery or crematory)

There is no officer in charge, undertaker should sign and return this stub.

No. 79-6

No.

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Donald C. MorrisName of Deceased George H. HauensteinAge 47 years 9 months 25 daysPlace of death 6 Main St SouthboroughDate of death September 23, 1979Cause of death Sudden death Presumably coronary thrombosisInterment at Forest Grove Cemetery
Lancaster OhioDate permit issued September 24, 1979Certified by Leontine P. Stone M. D.**BURIAL (OR REMOVAL) PERMIT**

This coupon to be returned immediately, properly endorsed

to Agent - Board of Health,
(Office issuing permit)ty or Town of Danvers Mass.ame of deceased George H. Hauenstein

a U. S. War Veteran, specify what war, organization, etc.

Korean. U.S. Navy**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
disposed of in accordance with its termsat Forest Rose, Lancaster, Ohio
(Name of cemetery or crematory) (City or town)on September 26th, 1979Certified by John E. Agosto Sig't
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 79-1

No. 80-1

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Donald C MorrisName of Deceased Oliverine Nera FurlongAge 60 years months daysPlace of death 8 Hillside Ave SouthboroDate of death April 13, 1980Cause of death Pulmonary metastases ofInterment at Rural CemeteryDate permit issued April 14, 1980Certified by Timothy P. Stone M. D.**BURIAL (OR REMOVAL) PERMIT**

This coupon to be returned immediately, properly endorsed

to Agvt - Board of Health
(Office issuing permit)or Town of Southboro, Mass.Name of deceased Oliverine Nera Furlong

U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

hereby certify that the body accompanying this permit was
handled in accordance with its termsRural Cemetery, Southboro
(Name of cemetery or crematory) (City or town)April 16-1980 9:33 AMCertified by Timothy P. Stone, Supt.
(Signature of Superintendent, cemetery or crematory)

There is no officer in charge, undertaker should sign and return this stub.

No. 89-2

No. 89-2

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Donald C. Morris

Name of Deceased Elizabeth W. Hayward

Age 59 years months days

Place of death 41 Oak Hill Road, Southboro

Date of death April 29, 1980

Cause of death Chronic Obstructive Pulmonary Disease, Bronchiectasis

Cause of death Disease, Bronchiectasis

Interment at Rural Cemetery, Southboro

Date permit issued April 30, 1980

Certified by Timothy P. Stone M. D.

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to Agent = Board of Health
(Office issuing permit)

or Town of Southborough Mass.

Name of deceased Elizabeth W. Hayward

U. S. War Veteran, specify what war, organization, etc.

None

ENDORSEMENT

(To be filled in by cemetery or crematory official)

hereby certify that the body accompanying this permit was used in accordance with its terms

Rural Cemetery, Southboro
(Name of cemetery or crematory) (City or town)May 1-1980 11³⁰ AMIdentified by Timon Stone, Supt.
(Signature of Superintendent, cemetery or crematory)

There is no officer in charge, undertaker should sign and return this stub.

FOR USE BY
PHYSICIANS AND
MEDICAL EXAMINERS

INSTRUCTIONS HERE

() AND ON
REVERSE SIDE

ITEM #'s 1 to 19 to be completed ONLY by funeral director.

ITEM #'s 20 to 27 to be completed by certifier.

CERTIFIER to complete ITEM #'s 1R to 4R on REVERSE side.

ALL ITEMS MUST BE LEGIBLY PRINTED OR TYPEWRITTEN IN BLACK INK.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF PUBLIC HEALTH
REGISTRY OF VITAL RECORDS AND STATISTICS

REGISTERED NUMBER

STATE USE ONLY

03186

DECEDENT - NAME	FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (Mo., Day, Yr.)	
Clarence E. Mackey				<u>Male</u>	<u>May 5, 1980</u>	
PLACE OF DEATH (CITY OR TOWN)		COUNTY OF DEATH		HOSPITAL OR OTHER INSTITUTION - Name (If not in either, give street and number)		
<u>Boston</u>		<u>Suffolk</u>		<u>West Roxbury V. A. Hospital</u>		
RACE - (e.g., White, Black, American Indian, etc.) (Specify)	AGE - Last Birthday (Yrs.)	UNDER 1 YEAR	UNDER 1 DAY	D.O.A. (Yes or No)		
<u>White</u>	<u>51</u>	<u>6a</u>	<u>6b</u>	<u>No</u>		
MARRIED, NEVER MARRIED, WIDOWED OR DIVORCED	SURVIVING SPOUSE (If wife, give maiden name)					
<u>Married</u>	<u>Ellen (nee Gulugauskas)</u>					
SOCIAL SECURITY NUMBER	IF U.S. WAR VETERAN, SPECIFY WAR		RESIDENCE - STREET AND NUMBER, CITY OR TOWN, COUNTY, STATE, ZIP CODE			
<u>723 124385</u>	<u>WW2</u>		<u>14 95 Cedar St. Framingham, Ma. 01701</u>			
FATHER - FULL NAME	STATE OF BIRTH (If not in U.S.A. name country)			MOTHER - NAME (GIVEN) MAIDEN)	STATE OF BIRTH (If not in USA name country)	
<u>Clarence E. Mackey</u>	<u>N. Y.</u>			<u>Grace Trudeau</u>	<u>N. Y.</u>	
INFORMANT - NAME AND ADDRESS						RELATIONSHIP
<u>Ellen Mackey 95 Cedar St. Framingham, Ma.</u>						<u>Wife</u>
DISPOSITION	TYPE OF DISPOSITION (Specify Burial, Cremation, Other)	DATE OF DISPOSITION	PLACE OF DISPOSITION	LOCATION	CITY OR TOWN STATE	
	<u>Burial</u>	<u>May 8/1980</u>	<u>Rural Cemetery</u>	<u>18d</u>	<u>Southboro, Ma.</u>	
	NAME OF FACILITY		ADDRESS OF FACILITY			
	<u>John Everett & Sons</u>		<u>4 Park St. Natick, Ma</u>			
CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH					
	<u>2 years</u>					
PART I	INTERVAL BETWEEN ONSET AND DEATH					
(a) DUE TO, OR AS A CONSEQUENCE OF						
(b) DUE TO, OR AS A CONSEQUENCE OF						
(c) DUE TO, OR AS A CONSEQUENCE OF						
PART II	INTERVAL BETWEEN ONSET AND DEATH					
OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in Part I(a)		AUTOPSY (Yes or No)	WAS CASE REFERRED TO MED EXAM (Yes or No)			
ACC., SUICIDE, HOM., UNDET OR PENDING INVEST (Specify)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	<u>21</u>	<u>No</u>	<u>22</u>	
23 <u>No</u>	24a	24b	M	24c		
INJURY AT WORK (Specify Yes or No)	PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)			LOCATION STREET	CITY OR TOWN STATE	
24d <u>No</u>	24e	24f				
To be Completed by CERTIFYING PHYSICIAN Only	25a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated					
	<u>James Kirshenbaum M.D.</u>					
	HOUR OF DEATH					
CERTIFIED	DATE SIGNED (Mo., Day, Yr.)	25b <u>May 5, 1980</u>	25c <u>4:10 AM</u>	M		
	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)					
	NAME AND ADDRESS OF CERTIFYING PHYSICIAN OR MEDICAL EXAMINER (Type or Print)					
	27 <u>James Kirshenbaum M.D.</u> VA Medical Center West Roxbury Mass. 02132					
	28 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.					
	29 RECEIVED AND FILED IN THE CITY OR TOWN OF <u>BOSTON</u> ON <u>MAY 8, 1980</u> (CLERK'S SIGNATURE) <u>William J. Keane</u> (RECEIVED)					
	(DATE ISSUED) <u>5-6-80</u>					

No. 50 -

No. 80 - 3

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Donald C Morris

Name of Deceased Elwin W Robbins

Age 70 years months days

Place of death 49 Boston Rd Southboro

Date of death May 12, 1980

Cause of death Chronic Pneumothorax
Chronic Obstructive Pulmonary Disease

Interment at Rural Cemetery

Date permit issued May 14, 1980

Certified by J. Lindley P. Stone M. D.

RIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to Agent - Board of Health
(Office issuing permit)

or Town of Southborough Mass.

of deceased Elwin W Robbins

U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

reby certify that the body accompanying this permit was
ed in accordance with its termsBurial Cemetery Southboro
(Name of cemetery or crematory) (City or town)

May 14, 1980 - 2:45 PM

ed by Lee Bentlage Sept.
(Signature of Superintendent, cemetery or crematory)

is no officer in charge, undertaker should sign and return this stub.

No. 50-4

No. 80-4

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Donald C. Morris

Name of Deceased Vera G Pendleton

Age 83 years months days

Place of death 160 Woodland Rd Southboro

Date of death 4-19-80

Cause of death Carcinoma, metastatic
Carcinoma, colon

Interment at Rural Cemetery

Date permit issued June 19, 1980

Certified by Jimenez P. Stone M. D.

RIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to Agent Board of Health
(Office issuing permit)

Town of Southborough Mass.

of deceased Vera G Pendleton

S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

reby certify that the body accompanying this permit was
died in accordance with its termsRural Cemetery Southboro
(Name of cemetery or crematory) (City or town)

June 20, 1980 - 10:40 AM

ed by Jimenez Supt.
(Signature of Superintendent, cemetery or crematory)

is no officer in charge, undertaker should sign and return this stub.

80 - 5

No. 19

No. 80 - 5

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Wadsworth CemeteryName of Deceased Dairy Belle ArmstrongAge 76 years 10 months daysPlace of death 12 East Main St. SouthboroDate of death 9/11/80Cause of death Sudden death, Presumably
Diseases of the heart & bronchitis.Interment at Rural CemeteryDate permit issued Sept 12, 1980Certified by John Doe Jr. M. D.**BURIAL (OR REMOVAL) PERMIT**

This coupon to be returned immediately, properly endorsed

to Ag't Board of Health
(Office issuing permit)or Town of Southborough, Mass.Name of deceased Dairy Belle Armstrong

U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

hereby certify that the body accompanying this permit was
buried in accordance with its termsRural Cemetery Southboro
(Name of cemetery or crematory) Southboro
(City or town)September 13-1980 12:05 PMFiled by Les Armstrong, Supt.
(Signature of Superintendent, cemetery or crematory)

There is no officer in charge, undertaker should sign and return this stub.

No. 80-6No. 80-6**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Donald C. ThomasName of Deceased Carl S. AndersonAge 67 years 0 months 0 daysPlace of death Wellesley HospitalDate of death October 3, 1980Cause of death Cardiac ArrestInterment at Rural CemeteryDate permit issued October 6, 1980Certified by Arthur T. Scandlen Jr. M. D.**BURIAL (OR REMOVAL) PERMIT**

This coupon to be returned immediately, properly endorsed

to Ayer - Board of Health
(Office issuing permit)or Town of Sudbury Mass.Name of deceased Carl S. Anderson Sr.

U. S. War Veteran, specify what war, organization, etc.

None

ENDORSEMENT

(To be filled in by cemetery or crematory official)

hereby certify that the body accompanying this permit was
handled in accordance with its terms**RURAL CEMETERY CREMATORY, WORCESTER, MASS.**(Name of cemetery or crematory) Rural Cemetery (City or town) Worcester

OCT 6 1980

Certified by Arthur T. Scandlen Jr.
(Signature of Superintendent, cemetery or crematory)

There is no officer in charge, undertaker should sign and return this stub.

No. 80-7No. 80-7**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Lorred C MorrisName of Deceased Julius J. AkstenAge 70 years 0 months 0 days

(On route in said 49 Boston Rd)

Place of death SouthboroughDate of death Dec 26 - 1980Cause of death Acute Myocardial Infarction
Arterio-sclerotic Cardio Vascular DiseaseInterment at Rural CemeteryDate permit issued December 28, 1980Certified by Benjamin Matzlowich M. D.**RIAL (OR REMOVAL) PERMIT**

This coupon to be returned immediately, properly endorsed

to Agawam Board of Health
(Office issuing permit)r Town of Southborough Mass.of deceased Julius J. Aksten

I. S. War Veteran, specify what war, organization, etc.

J II 749th Military Police**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

reby certify that the body accompanying this permit was
ed in accordance with its termsRural Cemetery Southborough
(Name of cemetery or crematory) (City or town)December 30 - 1980 - 11:30 AMed by Ben Matzlowich Supt.
(Signature of Superintendent, cemetery or crematory)

is no officer in charge, undertaker should sign and return this stub.

No. 1-81No. 1-81**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Donald C MorrisName of Deceased Alfreda Mary O'Connell

Age years months days

Place of death 49 Boston Road SouthboroDate of death January 7 - 1981Cause of death Coronary Thrombosis, presumedCause of death Coronary Heart DiseaseInterment at Lakeview Cemetery Upton MassDate permit issued January 8, 19811
-
P.H.**BURIAL (OR REMOVAL) PERMIT**

This coupon to be returned immediately, properly endorsed

to Agent Board of Health
(Office issuing permit)City or Town of Southborough Mass.Name of deceased Alfreda Mary O'Connell
if a U. S. War Veteran, specify what war, organization, etc.**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
disposed of in accordance with its termsLakeview Cemetery Upton
(Name of cemetery or crematory) (City or town)JANUARY 10, 1981Certified by Deanst. Edsel
(Signature of Superintendent, cemetery or crematory)

There is no officer in charge, undertaker should

No. 2-81

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Donald C Morris

Name of Deceased Scott Matthew MacArthur

Age 25 years months days

Place of death 53 Oak Lane Road, Southborough

Date of death Jan 10 - 1981

Cause of death Brain Maceration
Sustained injury, Depression

Interment at Great Hill Cemetery, Chester, Mass.

Date permit issued January 12, 1981

Certified by J. Timothy R. Stone M. D.

No. 2- 81

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to Agent of Board of Health
(Office issuing permit)

Town of Southborough Mass.

deceased Scott Matthew MacArthur

Is War Veteran, specify what war, organization, etc.

None

ENDORSEMENT

(To be filled in by cemetery or crematory official)

by certify that the body accompanying this permit was
in accordance with its termsat Nine Cemetery, Chester, Mass.
(Name of cemetery or crematory) (City or town)

Jan 12, 1981

by Maurice G. Colman
(Signature of Superintendent, cemetery or crematory)

C - LOT 5-B-5 SEC. SA

s no officer in charge, undertaker should sign and return this stub.

No.

No. 3-81

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Donald C Morris

Name of Deceased Russell Wallace Newman

Age 61 years months days

Place of death 2 Redgate Lane, Brookhaven

Date of death 2-8-81

Cause of death Suicide, massive gun shot

Depression wound, self inflicted

Interment at Rural Cemetery - Worcester
Rural S.

Date permit issued 2/10/81

Certified by Timothy P. Stone, M. D.

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to Agent Board of Health
(Office issuing permit)

City or Town of Smithdown Mass.

Name of deceased Newman

a U. S. War Veteran, specify what war, organization, etc.

World War II

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

RURAL CEMETERY CREMATORY, WORCESTER, MASS.

(Name of cemetery or crematory) (City or town)

FEB 10 1981

Certified by Arthur T. Scammon Jr.
(Signature of Superintendent, cemetery or crematory)

there is no officer in charge, undertaker should sign and return this stub.

No. 4-81

09

No. 2-81**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Donald C. DaviesName of Deceased Arnold UrbinatiAge 71 years months daysPlace of death Maple St. SouthboroughDate of death February 12, 1981Cause of death Coronary thrombosis, presumedInterment at Rural Cemetery - SouthboroDate permit issued 2/15/81**BURIAL (OR REMOVAL) PERMIT**

This coupon to be returned immediately, properly endorsed

to Agent - Board of Health
(Office issuing permit)or Town of Southboro Mass.Name of deceased Arnold Urbinati

U. S. War Veteran, specify what war, organization, etc.

None**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
handled in accordance with its termsRural Cemetery Southboro
(Name of cemetery or crematory) (City or town)

February 16-1981 - 11:15 AM

Issued by Joe Bestrom, Supt.
(Signature of Superintendent, cemetery or crematory)

If no officer in charge, undertaker should sign and return this stub.

No. 81-5**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Robert D Gould Jr and wifeName of Deceased Mark L. LavoieAge 20 years months daysPlace of death Turnpike Rd SouthboroDate of death June 18, 1981Cause of death Fracture skull massiveAccident automobile w BoylstonInterment at Mt Vernon CemeteryDate permit issued June 20 - 1981Certified by Timothy P Stone M. D.No. 81-5**BURIAL (OR REMOVAL) PERMIT**

This coupon to be returned immediately, properly endorsed

to Dept - Board of Health
(Office issuing permit)Town of Southborough Mass.of deceased Mark L. Lavoie

S. War Veteran, specify what war, organization, etc.

O _____

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
handled in accordance with its terms

TOWN OF WEST BOYLSTON

MASSACHUSETTS

NAME OF CEMETERY MOUNT VERNON CEMETERY

(City or town)

01583

Signed by Clara Gabel 3rd Chm
(Signature of Superintendent, cemetery or crematory)

is no officer in charge, undertaker should sign and return this stub.

No. 6-81**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Donald C MorrisName of Deceased Ruth A. SbuttoniAge 80 years months daysPlace of death 55 Turnpike Rd - JayvilleDate of death June 21, 1981Cause of death Carcinoma, PancreasInterment at Rural CemeteryDate permit issued June 23, 1981Certified by Penithy P. Stone M. D.No. 81-6**BURIAL (OR REMOVAL) PERMIT**

This coupon to be returned immediately, properly endorsed

to Agent Board of Health
(Office issuing permit)Town of Southborough Mass.of deceased Ruth A. Sbuttoni

S. War Veteran, specify what war, organization, etc.

None

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
handled in accordance with its termsRural Cemetery Southboro
(Name of cemetery or crematory) (City or town)June 24 - 1981 ~ 11⁰⁰ A.M.Signed by Joe Butenovik, Superint. of Cemeteries
(Signature of Superintendent, cemetery or crematory)

is no officer in charge, undertaker should sign and return this stub.

No. 7 - 81No. 81 - 7**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Donald C MorrisName of Deceased Mary L BauldAge 73 years months daysPlace of death 12 Pleasant St Dayville, MassDate of death July 31, 1981Bronchial Pneumonia - 3 daysCardiac CompensationMetastatic Ca BreastInterment at Funeral CemeteryDate permit issued August 2, 1981Certified by Antonio A Matarese M. D.**BURIAL (OR REMOVAL) PERMIT**

This coupon to be returned immediately, properly endorsed

to Agent - Board of Health
(Office issuing permit)or Town of Southborough Mass.Name of deceased Mary L. Bauld

U. S. War Veteran, specify what war, organization, etc.

None

ENDORSEMENT

(To be filled in by cemetery or crematory official)

hereby certify that the body accompanying this permit was
used in accordance with its termsRural Cemetery Southboro, Mass.
(Name of cemetery or crematory) (City or town)

August 4, 1981 - 11:00 AM

fied by Leo Bettino, Supt.
(Signature of Superintendent, cemetery or crematory)

re is no officer in charge, undertaker should sign and return this stub.

No. 81-8

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Donald C Marrs

Name of Deceased Robert Joseph Zilioli

Age 45 years months days

Place of death 16 Mt Vicory Road

Date of death Sept 20 - 1981

Cause of death Metastases
Cancer of the Liver with

Interment at Rural Cemetery

Date permit issued Sept 22, 1981

Certified by Dr Jack Leitner M. D.

109

No. 81-8

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to Agent = Board of Health
(Office issuing permit)

City or Town of Southborough Mass.

Name of deceased Robert J. Zilioli

a U. S. War Veteran, specify what war, organization, etc.

None

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
disposed of in accordance with its termsRural Cemetery Southborough
(Name of cemetery or crematory) (City or town)

September 22-1981 - 10 45 AM

Certified by Leo Butz, Sup't.
(Signature of Superintendent, cemetery or crematory)

There is no officer in charge, undertaker should sign and return this stub.